DLN: 93493015014661

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

lacktriangle Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2019

OMB No. 1545-0047

Open to Public Inspection

Department of the

Department of the Treasury Internal Revenue Service

For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020 C Name of organization D Employer identification number B Check if applicable: Metropolitan Arts Council Of Greater Kansas City ☐ Address change 43-1840674 ☐ Name change Doing business as ☐ Initial return ARTSKC- Regional Arts Council ☐ Final return/terminated E Telephone number ☐ Amended return Number and street (or P.O. box if mail is not delivered to street address) Room/suite 106 Southwest Boulevard \square Application pending (816) 221-1777 City or town, state or province, country, and ZIP or foreign postal code Kansas City, MO $\,$ 64108 $\,$ G Gross receipts \$ 1,367,485 Name and address of principal officer: H(a) Is this a group return for Dana Knapp □Yes ☑No subordinates? 106 Southwest Boulevard H(b) Are all subordinates Kansas City, MO 64108 ☐ Yes ☐No included? Tax-exempt status: **✓** 501(c)(3) ☐ 501(c) () **◄** (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) **H(c)** Group exemption number ▶ Website: ▶ artskc.org L Year of formation: 1999 M State of legal domicile: K Form of organization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities: The mission of the Arts Council of Metropolitan Kansas City (dba ArtsKC - Regional Arts Council) is to unleash the power of the arts. It does this through key initiatives that support our work: we bring together people, resources and ideas, we imagine, and we lead. Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 4 15 Number of independent voting members of the governing body (Part VI, line 1b) 15 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 154 Total number of volunteers (estimate if necessary) . . 6 7a 0 Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 39 7b 0 **Current Year** 1,809,054 1,322,442 8 Contributions and grants (Part VIII, line 1h) . . 9 Program service revenue (Part VIII, line 2g) . . . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 7,930 2,893 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -79,520 -102,687 1,737,464 1,222,648 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 347,200 304,573 **14** Benefits paid to or for members (Part IX, column (A), line 4) . 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 850,156 717,935 Expenses 0 0 16a Professional fundraising fees (Part IX, column (A), line 11e) . b Total fundraising expenses (Part IX, column (D), line 25) ▶187,457 508,838 474,387 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 1,706,194 1,496,895 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 . 31,270 -274,247 Net Assets or Fund Balances Beginning of Current Year **End of Year** 20 Total assets (Part X, line 16) . 1,072,955 926,891 257,416 21 Total liabilities (Part X, line 26) . 130,160 Net assets or fund balances. Subtract line 21 from line 20 669,475

Part II Signature Block

Signature of officer

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign
Here

Paid Preparer Use Only

Dan	a Knapp President & CEO					
Гур	e or print name and title					
	Print/Type preparer's name	Preparer's signature	Date 2021-01-12	Check if	PTIN P00642974	
	Firm's name	•	Firm's EIN ► 4	3-1562209		
	Firm's address ► 605 W 47th Street Suite	Phone no. (816) 931-3393				
	V City, MO, C4113					

2021-01-12

☑ Yes ☐ No

Form	990 (2019)					Page 2					
Pa	statement	of Program Service	Accomplis	hments							
	Check if Sche	dule O contains a respo	nse or note to a	any line in this Part III		🗸					
1	Briefly describe the o	organization's mission:		•							
					Council) is to unleash the power of deas, we imagine, and we lead.	the arts. It does this					
2	-	undertake any significa	. •	- '	hich were not listed on	□Yes VNo					
	the prior Form 990 o	⊔ Yes ⊻ No									
_	•	ese new services on Sch									
3	Did the organization services?	cease conducting, or ma	ike significant	changes in how it cond	ucts, any program	□ Yes ☑ No					
	If "Yes," describe these changes on Schedule O.										
4	Section $501(c)(3)$ an		ns are required	to report the amount	largest program services, as meas of grants and allocations to others,						
4a	(Code:) (Expenses \$	414,523	including grants of \$) (Revenue \$)					
	See Additional Data					· 					
4b	(Code:) (Expenses \$	620,713	including grants of \$	304,573) (Revenue \$)					
	See Additional Data										
4c	(Code:) (Expenses \$	83,735	including grants of \$) (Revenue \$)					
	See Additional Data										
4d	Other program service	ces (Describe in Schedu	e O.)								
	(Expenses \$	inclu	ding grants of	\$) (Revenue \$)					
4e	Total program serv	vice expenses >	1,118,9	71							

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Pai	Checklist of Required Schedules	1	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	110
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D,Part 2	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 2	7		No
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV "	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 2	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 2	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e		No
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	12a	Yes	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		No

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . .

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Nο

20a

20b

21

Yes

rm 9	990 (2019)			Page 4
Part	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Part	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 59	1 [

1b

b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

1c

Yes

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	15		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	-
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over financial account in a foreign country (such as a bank account, securities account, or other financial account)?	, a 4a		No
D	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts we not tax deductible?	e 6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serve provided to the payor?	ices 7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7 b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to figure 8282?	le 7 c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Forn 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		ı
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	_		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	_		
	Enter the amount of reserves on hand	_ _		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or exce parachute payment(s) during the year?	15 		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . If "Yes," complete Form 4720, Schedule O.	16		No

_				
Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	ŗ	onse to	lines V
Se	ection A. Governing Body and Management			
			Yes	No
1a	a Enter the number of voting members of the governing body at the end of the tax year 1a	15		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent	15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any otl officer, director, trustee, or key employee?	ner 2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct super of officers, directors or trustees, or key employees to a management company or other person?	vision 3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	. 4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or members of the governing body?	nore 7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, control persons other than the governing body?	r 7 b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea the following:	r by		
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	. 8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Rev	venue Code	2.)	
			Yes	No
10a	a Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliat and branches to ensure their operations are consistent with the organization's exempt purposes?	es, 10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing form?	the 11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise conflicts?	to 12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe is Schedule O how this was done	7 12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	nt		
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	. 16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participal in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exer			
	status with respect to such arrangements?	16b		
	ection C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3): only) available for public inspection. Indicate how you made these available. Check all that apply.	5		
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records Kathryn Walker 106 Southwest Boulevard Kansas City, MO 64108 (816) 221-1777	s: 		n (2010)

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, Part VII and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII $\,$. Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee." • List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)
- who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations.

of reportable compensation from the organization	n and any relate	ed orga	nizati	ons.						
• List all of the organization's former directo organization, more than \$10,000 of reportable co	ompensation fro	m the								
See instructions for the order in which to list the	•									
Check this box if neither the organization no (A) Name and title	r any related of (B) Average hours per week (list any hours for related organizations below dotted line)	Position than of is b	on (do one bo	(C o no ox, u in of tor/t) t change unles ficer trust	eck moss pers and a ee)	ore son	Reportable compensation from the organization (W-Z/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Shirley Bush Helzberg	1.00									
Founding Chair		×						0	0	0
(2) Kanon Cozad	1.00									
Chair		×		Х				0	0	0
(3) Maria Maffry Director	1.00	х						0	0	0
(4) Chuck McCann Treasurer	1.00	X		x				0	0	0
(5) Tracie McClendon-Cole Director	1.00	х						0	0	0
(6) Jon Stephens Director	1.00	х						0	0	0
(7) Eileen Weir Director	1.00	Х						0	0	0
(8) Amy Winterscheidt Secretary	1.00	Х		х				0	0	0
(9) Dr Derald Davis Vice Chair	1.00	×		х				0	0	0
(10) Maureen Mahoney	1.00									
Director		×						0	0	0
(11) Miguel Rivera Director	1.00	х						0	0	0
(12) Michael Gonzales Director	1.00	х						0	0	0
(13) Julie Robinson Director	1.00	Х						0	0	0
(14) Madeline Romious Director	1.00	х						0	0	0
(15) Micheal Tombs Director	1.00	х						0	0	0
(16) Dana Knapp Executive Director	40.00			х				121,740	0	38,402
-		—	-	1	\vdash	 	\vdash			

(A)

compensation from the organization \blacktriangleright 0

(B)

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F)

Page 8

	Name and title	Average hours per week (list any hours for related	than d	ne b	ox, ι n of tor/t	unle: fice:	r and a ee)	son	compo froi orgai	ortable ensation m the nization 1/1099-	Reportable compensation from related organizations (W-2/1099-	,	Estima amount o compens from organizati	of other sation the
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		isc)	MISC)		relat organiza	ed
												+		
												+		
												+		
												+		
												+		
												\top		
C.	Sub-Total	•	Α.				* _ * _ *			121,740		0		38,402
2	Total number of individuals (includi of reportable compensation from th			e list	ed a	bov	e) who	rece	eived mo	re than \$1	00,000			
													Yes	No
3	Did the organization list any forme line 1a? <i>If "Yes," complete Schedule</i>						oyee,	or hig •	ghest cor	npensated • • •	employee on	3		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such								4	Yes					
5	Did any person listed on line 1a rec services rendered to the organization											5		No
	ection B. Independent Contra													
1	Complete this table for your five high from the organization. Report comp											npens	sation	
	Nam	(A) e and business addre	ess							Desc	(B) cription of services		(C Comper	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

(C)

(D)

(E)

Form 9 Part			of Revenue						Page 9
				a respo	onse or note to any	line in this Part VIII			🗆
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
10	1a	Federated campa	aigns	1 a	<u> </u>		revenue		312 - 314
tributions, Gifts, Grants Other Similar Amounts	Ŀ	• Membership dues	s	1b					
6 m	6	Fundraising even	its	1c	193,356				
ifts, ar A	c	d Related organiza	tions	1d					
m; <u>G</u>	e	Government grants	(contributions)	1e					
ons Sil	f	 All other contribution and similar amounts 	ons, gifts, grants, s not included	1f	1,129,086				
buti the	١,	above Noncash contributio	ons included in	11	1,123,000				
Contributions, and Other Sim		lines 1a - 1f:\$		1g					
Cont	_	h Total. Add lines :	1a-1f		>	1,322,442			
	3 -				Business Code				
	2a								
enn	b								
æ					-				
vice	С								
Š	d								
Program Service Revenue	_								
δ	е								
		All other program							
	_	Total. Add lines 2				1	T	1	
	s	Investment income imilar amounts) .			•		2		2,022
		Income from invest		•		 			
	5 F	Royalties	(i) Rea		(ii) Personal	•		+	
			(1) Ke	aı	(II) Personal				
		Gross rents	6a						
		Less: rental expenses	6Ь						
		Rental income or (loss)	6c						
		Net rental income				_			
			(i) Secur	ities	(ii) Other				
	7a	Gross amount from sales of	7a	871	L				
		assets other than inventory							
		Less: cost or other basis and	7b	(
		sales expenses							
	С	Gain or (loss)	7c	871	L				
		Net gain or (loss) Gross income from fu			· · · •	871			871
ř		(not including \$	193,356 of						
ĕ		contributions reported See Part IV, line 18		8a	42,150				
Re	b	Less: direct expen	ses	8b	144,837	7			
Other Revenue	С	Net income or (los	ss) from fundrais	ing ev	ents 🕨	-102,687	7		-102,687
		Gross income from		.					
		See Part IV, line 19							
		Less: direct expen Net income or (los		9b	ies				
	Ĭ	Tree meanine or (100	oo, morni garriing		les <u></u>				
	10a	Gross sales of inve returns and allowa		10a					
	b	Less: cost of good	s sold	10b		+			
	С	Net income or (los		invent	ory >				
	11:	Miscellaneo	us Revenue		Business Code				
	b					+			
	c								
		All other revenue							
		Total. Add lines 1			•				
	12	Total revenue. S	ee instructions	• •	· · · •	1,222,648	3	0	0 -99,794 Form 990 (2019)

Form 990 (2019)				Page 10
Part IX Statement of Functional Expenses				 -
Section 501(c)(3) and 501(c)(4) organizations must of	complete all columns.	All other organization	ns must complete co	lumn (A).
Check if Schedule O contains a response or note to a	ny line in this Part IX			🗹
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	265,437	265,437		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	39,136	39,136		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	121,740	82,783	14,609	24,348
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	460,210	312,629	66,162	81,419

91,833

44,152

249,138

4,737

18,864

81,036

2,661

8,319

33,134

9,284

22,395

10,278

10,087

7,289

17,165

1,496,895

62,397

29,999

181,582

4,137

9,607

55,060

2,661

6,995

22,513

6,308

6,337

10,278

6,854

3,062

11,196

1,118,971

12,746

6,128

55,885

6,671

11,248

999

4,599

1,289

1,400

3,494

5,237

190,467

16,690

8,025

11,671

600

2,586

14,728

325

6,022

1,687

16,058

1,833

733

732

187,457

Form **990** (2019)

8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . .

e Professional fundraising services. See Part IV, line 17 f Investment management fees

18 Payments of travel or entertainment expenses for any federal, state, or local public officials .

24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e

25 Total functional expenses. Add lines 1 through 24e

26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).

g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)

9 Other employee benefits . . .

11 Fees for services (non-employees): a Management . . .

12 Advertising and promotion . . .

19 Conferences, conventions, and meetings

22 Depreciation, depletion, and amortization .

21 Payments to affiliates

20 Interest

expenses on Schedule O.) a Bad debt expense

b Website expense

e All other expenses

c Dues and subscriptions

d Equipment rental and ma

10 Payroll taxes . .

13 Office expenses . 14 Information technology

15 Royalties .

17 Travel .

16 Occupancy .

23 Insurance .

b Legal . c Accounting . d Lobbying . . . 10a

10b

key employee, creator or founder, substantial contributor, or 35% controlled

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).

Notes and loans receivable, net . . Inventories for sale or use . . Prepaid expenses and deferred charges .

10a Land, buildings, and equipment: cost or other

Investments—publicly traded securities .

Investments—other securities. See Part IV, line 11 .

Total assets. Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow FASB ASC 958, check here ▶

Organizations that do not follow FASB ASC 958, check here ▶

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

Investments-program-related. See Part IV, line 11

basis. Complete Part VI of Schedule D

Other assets. See Part IV, line 11 .

Tax-exempt bond liabilities . .

Accounts payable and accrued expenses

or family member of any of these persons

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Intangible assets .

Grants payable .

Deferred revenue . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions

complete lines 29 through 33.

Total net assets or fund balances

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part IX .			🗆
		(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing	58,362	1	115,302
2	Savings and temporary cash investments	135,605	2	85,095
3	Pledges and grants receivable, net	537,384	3	376,574
4	Accounts receivable, net		4	
5	Loans and other payables to any current or former officer, director, trustee,			

334,335

284,825

Page **11**

13,105

49,510

285,325

1,980

926,891

67,122

55.972

134.322

257.416

55,604

613,871

669,475

926.891

Form 990 (2019)

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31

32

33

13,696

80,663

243,285

3,960

36,042

94.118

130,160

155,966

786.829

942,795

1,072,955

1,072,955

	3
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S	7
ssets	8
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27

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33

Fund Balances

ō

Assets 30

Form	990 (2019)				Page 12
Pa	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1	,222,648
2	Total expenses (must equal Part IX, column (A), line 25)	2		1	,496,895
3	Revenue less expenses. Subtract line 2 from line 1	3			-274,247
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			942,795
5	Net unrealized gains (losses) on investments	5			927
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			669,475
Pa	rt XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
	Accounting method used to prepare the Form 990:				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If `Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If `Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,			
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin Audit Act and OMB Circular A-133?	ngle	За		No
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	red	3b		

Additional Data

Software ID:

Software Version:

EIN: 43-1840674

Name: Metropolitan Arts Council Of

Greater Kansas City

Form 990 (2019)

Form 990, Part III, Line 4a:

Promote the arts for their individual, community, and economic benefits. 1. Community Resources: ArtsKC provides community resources and connecting and convening opportunities for the arts community. These include leadership networking discussions, hosting First Friday events, opportunities to participate at local arts festivals and other arts-related activities. In fiscal year 2017, it hosted an event around audience development in partnership with the Wallace Foundation. In fiscal year 2018, it hosted events around the tax-reform act and its impact and offered other relevant events that supported the arts community. In fiscal year 2019, ArtsKC hosted several smaller events that focused more on the entire region, such as the Lenexa Networking event. 2. Cultural Portal for the Arts, now known as ArtsKCGo.com: Work began in fiscal year 2016 to launch a comprehensive cultural event calendar and resource directories that provide an easier mechanism for arts organizations to promote their respective arts offerings as well as for arts patrons to access information on upcoming events. Phase one of this portal, in response to one of the needs identified by the Regional Cultural Plan process, was launched in fiscal year 2017 with the Events Calendar. In fiscal year 2018, it launched the business module and the artists' directory. In year 2018 it launched the arts education module. 3. Audience Development: Based on the Wallace Event and in the implementation of the ArtsKCGo.com, ArtsKC spent significant time in fiscal year 2019 researching ways to address small to mid-sized arts organizations' needs as they pertain to audience development. Many of these organizations do not have full-time dedicated staffing that can focus on reaching new and diverse audiences for long-term sustainability. ArtsKC began this work with the goal of creating tools to help address these needs, such as a marketing cohort pilot and working with local and national partners on the creation of data that arts organizations can use to better market

Form 990, Part III, Line 4b:

Support artists and arts agencies with capacity building programs and grants.1, ArtsKC Fund, also known as the Grant-Making Program: This grant-making program provides grants and artist awards to arts organizations, arts programs and individual artists. Funds are received through workplace giving campaigns, individuals, businesses,

granted to artists and arts organizations since its inception in 2007.2. Mentorship Services for Arts Organizations and Artists: ArtsKC provides one-on-one direct assistance to arts organizations and artists on how to seek grant funding and in making the arts community aware of upcoming arts grant opportunities, 3. Now Showing: More than 50 companies support the Now Showing program where they can select artwork from more than 200 artists for display and sale at their local businesses. This promotes art in non-traditional areas as well as providing places for these artists to display and sell their works. 4. Fiscal Sponsorships: ArtsKC supports the growth of local artistic ventures

by serving as a fiscal sponsor for arts organizations or events to expand artistic reach. The fiscal sponsorships have included sponsoring the Fab Arts Collaborative, Brush Creek Art Walk, Bob Motley Completes the Field of Legends Project, The National Storytelling Network, the National Council on Education for the Ceramic Arts, The Print

Society of Greater Kansas City, MovementKC, Thinking UP!KC, and fiscal support for the Performing Arts Marketing Group (PAMG), also known as KC Live Arts. 5. Diversity, Equity and Inclusion Initiatives: ArtsKC works to build a more inclusive Kansas City through the arts by leading dialogues designed to prepare the next generation of diverse

arts leaders. ArtsKC has collaborated with local and national partners in these endeavors. Several events were being planned in fiscal year 2019, with strong partners, to be

foundations, municipalities and civic organizations. In fiscal years 2017 and 2018, grants to support arts education efforts were added. More than \$4.6 million has been

held in 2020 around this initiative.

Form 990, Part III, Line 4c:

this tool was also promoted.

Advocate for the arts by educating the community, building relationships with government officials, and supporting the development of public funding for the arts. 1. Advocacy Overall and Action Alerts: More than 4,600 people were enrolled in the Action Alerts database as of fiscal year ending June 30, 2016. In fiscal year 2017, ArtsKC purchased a new engagement system called VoterVoice. Through a unique partnership with advocacy organizations in Missouri and Kansas, ArtsKC launched the first-ever bistate VoterVoice platform in January 2017. Four arts organizations, from both states agreed to share costs and contacts to ensure a comprehensive approach to the agencies' geographic location. The software is supported by Americans for the Arts, so ArtsKC and their partners have regional and national resources to inform action requests. Fiscal year 2017 was spent getting the new system in place and evaluating its work moving forward. In fiscal year 2018, it focused less on the Action Alerts and activated an Advocacy Committee, consisting of Board Members and other Civic leaders, to move its Advocacy work forward more aggressively. It also launched an E-Mail Newsletter to more strategically keep contacts informed about important legislation. Successes were achieved in fiscal year 2019 based on the work of the Committee members. 2. Annual Awards Luncheon: ArtsKC hosts an annual luncheon in which individuals, arts organizations, schools and elected officials are provided awards and recognized for their contributions to the regional arts ecology. More than 1,000 people come together each year to recognize and thank these individuals and organizations for their stellar support for the Arts.3. Hosting and Sponsoring Advocacy Events: ArtsKC provides meeting space and resources for the hosting of events that raise the awareness of the economic value and quality of life that the Arts provide to the Kansas City region. It typically hosts one event per year. ArtsKC, with MCA coordinates a group of residents and civic leaders to attend the Missouri Arts Legislative Day in Jefferson City, Missouri. Typically more than 40 people participate each year. 4. Arts Education Advocacy: In fiscal year 2016 ArtsKC began exploring how it could help further the cause and promote the value of arts education. Research was done and partnerships formed. In fiscal years 2017 and 2018, ArtsKC provided grant support for arts education work, in partnership with the Metro Partners in Education program. This is currently a bi-state collaboration with an arts organization and two schools. This collaborative hosts an annual Arts Integration Symposium in July each year and offers professional development curricula during the school year for teaching artists to work with educators in both arts enhancement and arts integration. In fiscal years 2018 and 2019, ArtsKC contracted with a researcher to undertake evaluation of the curricula and document the benefits of arts integration in schools, 5, Arts & Economic Prosperity Study V: In fiscal year 2016, ArtsKC was the organization that gathered regional arts and economic prosperity data, in partnership with the Americans for the Arts (AFTA) National Study. This data was based on the calendar year of 2015 and was the fifth (5th) study done by AFTA In fiscal year 2017, the data gathering work was completed and ArtsKC worked with AFTA on the messaging to roll out the data for this Study to the region. The study generated data on the economic impact of spending by the KC region's not-for-profit arts and culture organizations and their audiences. ArtsKC also participated in the 2012 Arts & Economic Prosperity Study IV. This data will

illustrate growth over the last five years. This data is vital to advocacy work to educate elected and government officials and the community about the arts' economic impact. The roll out of the data in fiscal year 2018 was done in conjunction with Johnson County Arts Council and the Kansas City Office of Cultural and Creative Services, providing a regional approach. Several presentations occurred in fiscal year 2019 around this data. It also has the AFTA Arts Economic Impact Calculator on its website and the use of

efile	e GR/	<u>APHIC prii</u>	nt - DO NOT	PROCESS	As Filed Data -			DLN: 9	3493015014661
SCI	HED	ULE A		Public (Charity Statu	e and Dul	nlic Sunn	ort	OMB No. 1545-0047
(F 000			Comp		ganization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) empt charitable	organization or trust.		2019
Department of the Treasury Properties Department of the Treasury Department of the Treasury Department of the Treasury							Open to Public Inspection		
Nam	e of th	nue Service ne organiza Arts Council Of						Employer identific	<u> </u>
	r Kans	as City						43-1840674	
	rt I				s (All organization			See instructions.	
1 ne o	rganız		•		it is: (For lines 1 thro sociation of churches	•		(A)(:)	
2		·		,					
					L)(A)(ii). (Attach Sch	,			
3	Ш	·	·	•	ice organization desc			•	
4		A medical r name, city,		zation operate	d in conjunction with	a hospital descri	ibed in section :	170(b)(1)(A)(iii). E	nter the hospital's
5			ation operated (iv). (Complete		of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in section 170
6		A federal, s	tate, or local g	overnment or	governmental unit de	scribed in sectio	on 170(b)(1)(A	\)(v).	
7	✓		ation that norm 'O(b)(1)(A)(v			s support from a	governmental u	init or from the gener	al public described in
8					170(b)(1)(A)(vi).	(Complete Part I	I.)		
9					scribed in 170(b)(1) e instructions. Enter			with a land-grant coll college or university:	ege or university or a
10		from activit investment	ies related to i income and ur	ts exempt fund prelated busine	ctions—subject to cer	tain exceptions,	and (2) no more	ns, membership fees, than 331/3% of its su sses acquired by the c	•
11		An organiza	ation organized	and operated	exclusively to test fo	r public safety. S	See section 509	(a)(4).	
12		more public	ly supported o	rganizations d		09(a)(1) or sec	ction 509(a)(2	s of, or to carry out th). See section 509(a s 12e, 12f, and 12g.	
a		Type I. A so	supporting orga	anization opera to regularly a	ated, supervised, or c	ontrolled by its s	upported organiz	zation(s), typically by of the supporting orga	
b		Type II. A manageme	supporting org	janization supe orting organiza	tion vested in the sar			organization(s), by ha ge the supported orga	
c		Type III f	unctionally in	tegrated. A s				nd functionally integra	ted with, its
d		Type III n	on-functional integrated. Th	Ily integrated ne organization	I. A supporting organi	ization operated fy a distribution	in connection wi	th its supported organ I an attentiveness req	
e		Check this	box if the orga	nization receiv		nation from the I		pe I, Type II, Type II	I functionally
f	Enter		of supported of			-			
g	Provi	de the follow	ing information	n about the su	pported organization(s).		_	
	(i) N	lame of supp organizatior		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
Tota				=	structions for	Cat. No. 11285		 Schedule A (Form 9	

Net income from unrelated business activities, whether or not the business is regularly carried on. . -9,402 -80,171 -79,520 or loss from the sale of capital -52,399 assets (Explain in Part VI.). . **Total support.** Add lines 7 through

10 Other income. Do not include gain -102,687 -324,179 11 8,082,293 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, Section C. Computation of Public Support Percentage Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 14 15 h 33 1/3% support test-2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported h 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

79.280 % 15 Public support percentage for 2018 Schedule A, Part II, line 14 80.320 % 16a 33 1/3% support test-2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box 17a 10%-facts-and-circumstances test-2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see Schedule A (Form 990 or 990-EZ) 2019

Р	art III Support Schedule for						
	(Complete only if you cl						er Part II. If
S	the organization fails to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)		
30	Calendar year	() 2015	(1) 2016	() 2247	(1) 2010	() 2010	(O.T.)
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.").						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513 Tax revenues levied for the						
•	organization's benefit and either paid						
_	to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
L	3 received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6.)						
Se	ection B. Total Support		1				Г
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975.						
С	Add lines 10a and 10b.						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
12	(Explain in Part VI.) Total support. (Add lines 9, 10c,						
13	11, and 12.).						
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>
	check this box and stop here						▶ ⊔
	ection C. Computation of Public S			! (6))		1 1	
15	Public support percentage for 2019 (lin		•			15	
16	Public support percentage from 2018 S	-	<u> </u>			16	
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17	
17 10	Investment income percentage for 201	-		-		17	
18 10-	331/3% support tests—2019. If the		•			18 33 1/3% and lin	e 17 is not
	more than 33 1/3%, check this box and s						
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the						
ט	not more than 33 1/3%, check this box	-			•		_
20	Private foundation. If the organization	-	-				
	Frivate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCHONS	. 📂 📖

Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete

10a

answer line 10b below.

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the

determination. 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3с

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or

4b supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by 5a amendment to the organizing document).

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b

5c Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6

supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) . 7

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

8 complete Part I of Schedule L (Form 990 or 990-EZ). 8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as

defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI. 9a

```
Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
```

than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its

organization had an interest? If "Yes," provide detail in Part VI.

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

9b

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Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in
which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
```

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

	edule A (101111 550 01 550 E2) 2015			age 3
Pa	rt IV Supporting Organizations (continued)			
_			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?			
		11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	-		
2	operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization.			
S	ection C. Type II Supporting Organizations			
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
S	ection D. All Type III Supporting Organizations		v	
_			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
_		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax			
	year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	b			
•	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.	ſ	Yes	No
•	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
ı	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's			
	involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
•	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.	3h		

3b

1	Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying true.			. Part VIV. See
	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions	
7	Total annual distributions. Add lines 1 through 6.	

5	Qualified set-aside amounts (prior IRS approval require			
6	Other distributions (describe in Part VI). See instruction			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whe details in Part VI). See instructions	sive (provide		
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable

General distributions (describe in Fare 42). See mistractions				
7 Total annual distributions. Add lines 1 through 6.				
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions				
10 Line 8 amount divided by Line 9 amount				
(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019		
	Underdistributions	Distributable		

Schedule A (Form 990 or 990-EZ) (2019)

3 Excess distributions carryover, if any, to 2019:

g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2020. Add lines

a Excess from 2015. **b** Excess from 2016. c Excess from 2017. **d** Excess from 2018. e Excess from 2019.

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

a From 2014. **b** From 2015. c From 2016. **d** From 2017. e From 2018. f Total of lines 3a through e

instructions)

See instructions.

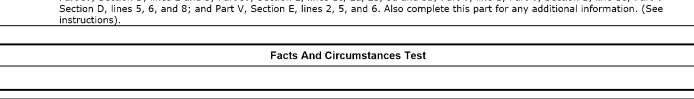
3j and 4c. 8 Breakdown of line 7:

\$

Additional Data

Software ID: Software Version: EIN: 43-1840674 Name: Metropolitan Arts Council Of Greater Kansas City

Part VI
Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).



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DLN: 93493015014661

OMB No. 1545-0047

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Internal Revenue Service

(Form 990)

Open to Public ► Attach to Form 990. Department of the Treasury ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization **Employer identification number** Metropolitan Arts Council Of Greater Kansas City 43-1840674 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible ☐ Yes ☐ No Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year 2b Number of conservation easements on a certified historic structure included in (a) 20 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year 🟲 Number of states where property subject to conservation easement is located > 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) ☐ Yes In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

 $\boldsymbol{c} \ \ \text{Leasehold improvements}$ \boldsymbol{d} Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

e Other . .

	t III	Organizations M	aintaining Collec	tions of Art His	torical	Trosc	uros or	Othor 9	Similar Ac	cote (con	tinuad)
3		the organization's acq (check all that apply):		na otner recoras, cn	•	or the r	ollowing th	at are a	significant u	se or its co	llection
a	Ш	Public exhibition			q [Loar	n or exchai	nge progi	rams		
b		Scholarly research			е _	Oth	er				
С		Preservation for future	e generations								
4	Provi Part :	de a description of the XIII.	organization's collect	ions and explain hov	v they fu	rther th	ne organiza	ition's ex	empt purpo	se in	
5		ig the year, did the org is to be sold to raise fur								☐ Yes	□ No
Pa	rt IV	Escrow and Cust Complete if the or X, line 21.			990, Pa	rt IV,	line 9, or	reporte	d an amou	nt on For	m 990, Part
1a	Is the	e organization an agent	., trustee, custodian	or other intermediary	y for con	tributio	ns or other	assets n	not		
		ded on Form 990, Part								☐ Yes	□ No
b	If "Ye	es," explain the arrange	ement in Part XIII an	d complete the follow	wing tab	e:			A	mount	
C	Begir	nning balance						1c			
d	Addit	ions during the year .					Г	1d			
е	Distri	butions during the year	r					1e			
f	Endir	ng balance					[1 f			
2a	Did tl	he organization include	an amount on Form	990, Part X, line 21,	for escr	ow or c	ustodial ac	count lia	bility?	☐ Yes	□ No
b	If "Y∈	es," explain the arrange	ement in Part XIII. Ch	neck here if the expla	anation l	as beei	n provided	in Part X	III		
	rt V	Endowment Fun									
		Complete if the or	ganization answer	ed "Yes" on Form	990, Pa	rt IV,	line 10.				
					(b) Prior		(c) Two ye		(d) Three yea		Four years back
	_	ing of year balance .		116,364		.22,397		123,552		205,417	132,689
b	Contrib	outions				985					75,000
С	Net in	estment earnings, gair	ns, and losses	3,061		5,966		10,845		17,135	-2,272
d	Grants	or scholarships		12,000		12,984		12,000		99,000	
е		expenditures for facilition	es								
f	Admin	istrative expenses .									
g	End of	year balance	[107,425		.16,364		122,397	:	123,552	205,417
2	Provi	de the estimated perce	ntage of the current	year end balance (lir	ne 1g, co	lumn (a	a)) held as	:			
а	Board	d designated or quasi-e	ndowment >								
b	Perm	anent endowment ►	57.250 %								
c	Temp	 oorarily restricted endo	wment ► 42.750	%							
·		percentages on lines 2a	***************************************								
3 a	Are t	here endowment funds nization by:	• •	•	that are	held a	nd adminis	tered for	the		Yes No
	-	nrelated organizations								3a(i)	
		elated organizations .								3a(ii)) No
b 1		es" on 3a(ii), are the re	-	·						3b	
4	rt VI	ribe in Part XIII the inte	<u> </u>	janization's endowm	ent runa	· ·					
		Complete if the or		ed "Yes" on Form	990, Pa	rt IV,	line 11a.	See For	m <u>9</u> 90, Pa	rt X, line 1	١٥
	Descr	iption of property	(a) Cost or other I (investment)	oasis (b) Cost or o	other basi	(other)	(c) Accu	mulated de	epreciation	(d) l	Book value
1a	Land						1				
	Buildin						+				

145,935

188,400

123,527

161,298

22,408

27,102

49,510

Part VII Investments—Other Securities.) + T) / :	11h C F 000	Davit V. Bina 4.2
Complete if the organization answered "Yes" on Form 990, P (a) Description of security or category (including name of security)	(b) Book value	(c) Metho	d of valuation: -year market value
(1) Financial derivatives			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, P (a) Description of investment	art IV, li	ne 11c. See Form 990, (b) Book value	Part X, line 13. (c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		•	
Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Pa	art IV, lin	ne 11d. See Form 990, Pai	
(a) Description			(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)			•
Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Pa	art IV, lin	ne 11e or 11f.See Form	990, Part X, line 25.
 (a) Description of liability (1) Federal income taxes 			(b) Book value
(2)			
(3)			
(4) (5)			
(5)			
(6)			
(7)			
(8)			
(9) Total (Column (h) must equal Form 990, Part Y, col (R) line 25.)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote	e to the or	ganization's financial state	
organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check h	ere if the		een provided in Part XIII Schedule D (Form 990) 2019

2

а

b

1

2

C

d

е 3

4

5

Part XIII

See Additional Data Table

Schedule D (Form 990) 2019

Page 4

14,877

0

1,222,648

1,222,648

1,510,845

13,950

1,496,895

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Investment expenses not included on Form 990, Part VIII, line 7b .

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Net unrealized gains (losses) on investments

Donated services and use of facilities

Recoveries of prior year grants

Add lines **4a** and **4b**

b

C 5

Part XII

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Subtract line 2e from line 1

Supplemental Information

Donated services and use of facilities . . .

Prior year adjustments

Other (Describe in Part XIII.) . . .

Add lines 2a through 2d .

Return Reference

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Total expenses and losses per audited financial statements

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

4a 4b

2a

2b

2c

2d

Explanation

2a

2b

2c

5

13,950

4c

927

13.950

2e 3

5

1.496.895 Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part

Schedule D (Form 990) 2019

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . . 4a 4b b Add lines **4a** and **4b** 4c

chedule D (Form 990) 2019	Page 5
Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2019

Additional Data

Software ID: Software Version:

EIN: 43-1840674

Name: Metropolitan Arts Council Of

Greater Kansas City

Supplemental Information

Return Reference	Explanation
Part X, Line 2:	ArtsKC is exempt from Federal income tax under Section 501(c)(3) of the Internal Revenue c ode. ArtsKC's accounting policy is to provide liabilities for uncertain income tax provisi ons when a liability is probable and estimable. ArtsKC has no uncertain income tax positio ns for the years ended June 30, 2020 and 2019. ArtsKC is no longer subject to audits by the IRS for years prior to fiscal 2017. Management is not aware of any violation of its tax status as an organization exempt from income taxes.

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493015014661 OMB No. 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. **Employer identification number** Name of the organization Metropolitan Arts Council Of Greater Kansas City 43-1840674 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants Internet and email solicitations ☐ Solicitation of government grants Phone solicitations ☐ Special fundraising events ☐ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col. (i) contributions? Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 50083H Schedule G (Form 990 or 990-EZ) 2019

Pai	t II Fundraising Events. Comple				
	than \$15,000 of fundraising e gross receipts greater than \$!		gross income on Form	990-EZ, lines 1 and	6b. List events with
		(a)Event #1	(b) Event #2	(c)Other events	(d) Total events (add col. (a) through
		Breakfast (event type)	Luncheon (event type)	(total number)	col. (c))
Revenue					
	1 Gross receipts	75,776	159,730		235,506
	2 Less: Contributions	75,776	117,580		193,356
	3 Gross income (line 1 minus line 2)	75,770	42,150		42,150
	4 Cash prizes				
Se	5 Noncash prizes				
Direct Expenses	6 Rent/facility costs				
ଅ	7 Food and beverages	3,360	25,022		28,382
ಕೃ	8 Entertainment				
ā	9 Other direct expenses	28,452	88,003		116,455
	10 Direct expense summary. Add lines 4	. ,			144,837
Par	11 Net income summary. Subtract line 10 Gaming. Complete if the org		s" on Form 990. Part I	V. line 19. or reported	-102,687 1 more than \$15,000
Reversie	on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Re/	1 Gross revenue				
Se Se					
₽	2 Cash prizes				
<u>a</u>	3 Noncash prizes				
te	4 Rent/facility costs				
۵	5 Other direct expenses				
		☐ Yes%	☐ Yes%	☐ Yes %	
	6 Volunteer labor	☐ No	☐ No	□ No	
	7 Direct expense summary. Add lines 2	through 5 in column (d)		•	
	8 Net gaming income summary. Subtrac	t line 7 from line 1, colum	n (d)	<u> ▶</u>	
9	Enter the state(s) in which the organizat Is the organization licensed to conduct g	aming activities in each of	these states?		☐ Yes ☐ No
a b	If "No," explain:				

Sche	dule G (Form 990 or 990-EZ) 2019						F	Page 3
11	Does the organization conduct ga	ming activities with nonmember:	5?			Yes	Пио	
12	Is the organization a grantor, ber formed to administer charitable g		member of a partnership or other e	entity 		□Yes		
13	Indicate the percentage of gamin	g activity conducted in:						
а	The organization's facility .				13a			%
b	An outside facility				13b			%
14	Enter the name and address of th	e person who prepares the orga	nization's gaming/special events boo	oks and re	cords:			
	Name •							
	Address P							
15a	Does the organization have a con revenue?	tract with a third party from who	om the organization receives gaming				П.	
b			anization 🕨 \$			∟ Yes	⊔ но	
	amount of gaming revenue retain							
c	If "Yes," enter name and address	of the third party:						
	Name ►							
	Address •							
16	Gaming manager information:							
	Name ►							
	Gaming manager compensation	* \$						
	Description of services provided	>						
	☐ Director/officer	☐ Employee	☐ Independent contrac	tor				
17	Mandatory distributions:							
а			stributions from the gaming proceed			□Yes	Пио	
b	Enter the amount of distributions	required under state law distribu	uted to other exempt organizations	or spent		L les	□ 1NO	
	in the organization's own exempt		•					
Pai			ions required by Part I, line 2b, licable. Also provide any additio					 s.
	Return Reference		 Explanation					

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

DLN: 93493015014661

Department of the Freasury Internal Revenue Service	▶ Go to <u>www.irs.gov/Form990</u> for the latest information.							Inspection
Name of the organization Metropolitan Arts Counc	cil Of						Employer identific	cation number
Greater Kansas City		_					43-1840674	
			and Assistance					
the selection crite	eria used t	o award the grants	or assistance?			for the grants or assistance	e, and	☑ Yes ☐ No
_	-	•	_	se of grant funds in the U		rganization answered "Yes"	on Form 990 Part IV lin	e 21 for any recipient
that receiv	ved more t	han \$5,000. Part II	can be duplicated if ad	ditional space is needed.	ents: complete il tile o	rganizacion answered res	On Form 990, Fart IV, mile	21, for any recipient
(a) Name and addı organization or governmen		(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data	a							
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
			-					
			f F 000		C-+ N- F00FF			h - dul - T (F 000) 2010

Page **2**

(3) (4) (5)

(6)

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

(7) Part IV

Schedule I (Form 990) 2019

Return Reference Explanation

Additional Data

Kansas City Ballet Association

500 West Pershing Road Kansas City, MO 64108 Kansas City Repertory Theatre

4949 Cherry Street Kansas City, MO 64110

Software ID: Software Version:

EIN: 43-1840674

Name: Metropolitan Arts Council Of Greater Kansas City

5,673

5,822

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address or	(D) EIN	(c) IRC section	(a) Amount of cash	(e) Amount of non-	(T) Method of Valuation	1
organization		if applicable	grant	cash	(book, FMV, appraisal,	ı
or government				assistance	other)	l

501 (C) (3)

501 (C) (3)

43-6052680

43-1168979

(g) Description of

non-cash assistance

(h) Purpose of grant

or assistance

Financial Support

Financial Support

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government al Support

Financial Support

Kansas City Symphony	43-1297475	501 (C) (3)	8,861		Financial
1703 Wyandotte Ste 200					
Kansas City, MO 64108					

12.371

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501 (C) (3)

Nelson Gallery Foundation

4525 Oak Street Kansas City, MO 64111 44-6012977

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 44 DEE2070 EO1 (C) (3) 40 2021 | Financial Support

rmanciai Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

3200 Gillham Road Suite A Kansas City, MO 64109

efil	e GRAPHIC pi	rint - DO NOT PROCESS	As Filed Data	a -	DLN: 934	19301	5014	661
Sch	edule J	C	ompensati	ion Information	OM	1B No.	1545-0	0047
(Fori	n 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.						<u> </u>
•	tment of the Treasury al Revenue Service	► Go to <u>www.irs.go</u>	ov/Form990 for	instructions and the latest inform	nation.	pen t	o Pul ectio	
Nar	ne of the organiz				Employer identificat			
	ropolitan Arts Counc ater Kansas City	til Of			43-1840674			
Pa	rt I Questi	ons Regarding Compensa	ntion					
							Yes	No
1a				the following to or for a person lister y relevant information regarding thes				
	First-class	s or charter travel		Housing allowance or residence for	personal use			
		companions	님	Payments for business use of person				
		nification and gross-up payment	ts 📙	Health or social club dues or initiation				
	□ Discretion	nary spending account	Ц	Personal services (e.g., maid, chauf	reur, cner)			
b				follow a written policy regarding pay ve? If "No," complete Part III to expl		1 b		
2				or allowing expenses incurred by all r, regarding the items checked on Lir	no 1 a 2	2		
	unectors, truste	es, officers, including the CEO/	Executive Director	r, regarding the items checked on the	le la:			
3				ed to establish the compensation of the	ne			
				not check any boxes for methods CEO/Executive Director, but explain i	n Part III.			
				Model and the second				
		ation committee ent compensation consultant	H	Written employment contract Compensation survey or study				
		of other organizations		Approval by the board or compensa	tion committee			
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the fi	ling organization or a			
а	Receive a sever	ance payment or change-of-cor	ntrol payment? .			4a		No
b		• • •		ified retirement plan?		4b		No
С			•	nsation arrangement?		4c		No
	If "Yes" to any	of lines 4a-c, list the persons an	d provide the app	licable amounts for each item in Part	: III.			
	0) F04(-)(4)! F04(-)(20	.	t				
5		(), 501(c)(4), and 501(c)(29		the organization pay or accrue any				
•		ontingent on the revenues of:		the organization pay or accrue any				
а	The organization	n?				5a		No
b	=					5b		No
	If "Yes," on line	5a or 5b, describe in Part III.						
6		ed on Form 990, Part VII, Section ontingent on the net earnings o		the organization pay or accrue any				
а	The organization	n?				6a		No
b						6b		No
	· ·	6a or 6b, describe in Part III.						
7				the organization provide any nonfixed rt III		7		No
8	subject to the ir	nitial contract exception describe	ed in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," de 		8		N.c.
9	If "Yes" on line	8, did the organization also follo	ow the rebuttable	presumption procedure described in	Regulations section	9		No_
For F		uction Act Notice, see the Ins			0053T Schedule J		990)	2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii). Note. The sum of colum	Do no nns (B	ot list any individuals that)(i)-(iii) for each listed in:	t are not listed on Form 9 dividual must equal the to	90, Part VII. Stal amount of Form 990,	Part VII, Section A, line	1a, applicable column (D)	and (E) amounts for tha	t individual.
(A) Name and Title			of W-2 and/or 1099-MIS		(C) Retirement and	(D) Nontaxable	(E) Total of columns (B)(i)-(D)	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits		column (B) reported as deferred on prior Form 990
Dana Knapp Executive Director	(i)	121,740	0	0	26,228	12,174	160,142	0
	(ii)	0	0	0	0	0	0	0
		ı	ı				Schedule	J (Form 990) 2019



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CCLLEBIL	F.O				OMB No. 1545-0047			
SCHEDUL (Form 990 or EZ)	990- Complete to pr	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.			2019			
Department of the T	reasury		n 990 or 990-EZ. <u>90</u> for the latest information.		Open to Public Inspection			
Namel Betherofe			E	Employer identi	fication number			
Metropolitan Arts (Greater Kansas Cit	43-1840674							
990 Schedul	e O, Supplemental Informati	on						
Return Reference		Explanation						
Form 990, Part VI, Section B, line 11b	The Board of Directors receives a copy of the draft Form 990 for review prior to submission of the return.							

Return Explanation
Reference

Form 990,
Part VI,
Section B,
line 12c

Board members are asked to disclose all relationships annually and applicable members of t
he Board are asked to recuse themselves during board meetings where such conflicts are vot
ed upon.

Return Explanation
Reference

line 15

Form 990,
Part VI,
Section B.

Comparable salaries are reviewed from similar organizations for the executive director. Compensation for other employees is reviewed by top management.

Return
Reference
Form 990, Documents are furnished upon request

line 19

Form 990,
Part VI,
Section C,

Return Reference	Explanation
	Artist fee: Program service expenses 34,437. Management and general expenses 0. Fundraisin
Part IX, line	g expenses 0. Total expenses 34,437. Consultants and contracted services: Program service

g expenses 0. Total expenses 34,437. Consultants and contracted services: Program service expenses 144,843. Management and general expenses 55,415. Fundraising expenses 11,055. Tot al expenses 211,313. Outside service: Program service expenses 2,302. Management and gener al expenses 470. Fundraising expenses 616. Total expenses 3,388.